

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

**APPLICATION FOR ALASKA DRIVER LICENSE,
PERMIT OR IDENTIFICATION CARD**

478

| LICENSE / PERMIT | | CLASSIFICATION | | | ENDORSEMENTS | | |
|--|--|--|---------|-----------------------------|---|------------------------|---|
| <input type="checkbox"/> Driver License <input type="checkbox"/> Instruction Permit <input type="checkbox"/> Identification Card | | <input type="checkbox"/> Non-Commercial (D) <input type="checkbox"/> Motorcycle CDL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | | | <input type="checkbox"/> Hazardous <input type="checkbox"/> Tank (N) <i>Tank (N) + HazMat (H)</i> | | <input type="checkbox"/> Passenger (P) <input type="checkbox"/> School Bus (S) <input type="checkbox"/> Doubles / Triples |
| FULL LEGAL NAME: | First | Middle | Last | | Suffix | | |
| AK license / permit / ID number, if applicable. | | Date of Birth | Sex | Height ft in | Weight | Hair Color | Eye Color |
| PLACE OF BIRTH: | City | | State | Country (If other than USA) | | Social Security Number | |
| Mailing Address (This address will appear on the license, permit or ID.) | | | | City | | State | Zip Code |
| Residence Address (Physical location – no PO Box or Mail Receiving Station addresses.) | | | | City | | State | Zip Code |
| Email | | | | Phone # | | | |
| VETERAN | I declare myself an honorably discharged US Armed Forces veteran and authorize DMV to send my personal information to the Dept. of Military and Veterans Affairs to provide benefits to me. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | I have a US Armed Forces honorable discharge and wish to have a veteran designation placed / retained on my license. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| ORGAN DONOR | Would you like to be an organ donor with a designator displayed on your license / ID card? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | Would you like to donate \$1 or more to the anatomical gift awareness fund? If so, how much? \$ | | | | | | |
| VOTER REGISTRATION | Would you like to register to vote or make changes to your voter registration <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | Are you a U.S. Citizen? <i>You may not register to vote if you are not a U.S. citizen.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | Have been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | Have you been unconditionally discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | Would you like your residence address kept confidential? (<i>Your residence address must be DIFFERENT than your mailing address to be kept confidential.</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | <i>If you are already registered to vote in the State of Alaska, this form will update your voter registration address. Do you want your address updated for voter registration purposes? (In order to be a registered voter of Alaska, you must provide an Alaska residence address.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| PREVIOUS NAMES | List any previous / maiden names by which you have been known: | | | | | | |
| DRIVER LICENSE QUESTIONS <small>(You do not need to answer these questions for an ID card)</small> | List any States in which you have ever held a permit, license or id card: | | | | | | |
| | Have your driving privileges ever been suspended or revoked or application for license refused? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | State: | Date: | Reason: | | | | |
| | State: | Date: | Reason: | | | | |
| | Within the past 5 years, have you had a medical condition or impairment, mental or physical disorder, seizure, or any other health problems that could affect your ability to safely operate a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | <i>If yes, please explain:</i> | | | | | | |
| | Within the last five years, have you had three or more alcohol or drug related convictions? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | <i>If yes, you must provide physician verification that the problem is under control or proof of completion of a rehabilitative treatment program</i> | | | | | | |
| COMMERCIAL DRIVERS ONLY | Are you domiciled (permanent residence) in the State of Alaska? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

I acknowledge that receiving an Alaska Permit, License or ID card may cancel or invalidate any Permit, License or ID card from another state per the laws of that state. I have personally reviewed the information on this application and certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct. NOTE: Making a false statement in connection with this application may be punishable by a maximum penalty of \$50,000 or five years imprisonment or both per AS 11.46.505.

X _____
Signature of Applicant **(MUST SIGN IN FRONT OF A DMV REPRESENTATIVE)** Date AMVC ID / Office Number

| | | | | | | | |
|-------------------------------|-------------------------------------|------|------|-------|--------------|---|---|
| *****DMV USE ONLY***** | | | | | | | |
| VISION TEST | <input type="checkbox"/> With CL | Left | Both | Right | Vision Notes | CDL Color Blind Test: Pass / Fail / Medical Card | LICENSE ISSUED |
| | <input type="checkbox"/> Without CL | 20/ | 20/ | 20/ | | | <input type="checkbox"/> Orig <input type="checkbox"/> Renew <input type="checkbox"/> Duplicate Class: |

DOCUMENTS SEEN / OTHER NOTES